

FILED MAY 27 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

757 017742  
State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4258</u>		Registrar's No. <u>85</u>	
1. PLACE OF DEATH a. COUNTY <b>Knox</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Knox</b> <input checked="" type="checkbox"/>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Edina</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Edina</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Gibson Hospital &amp; Clinic</b>				e. STREET ADDRESS (If rural, give location) <b>0520</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>WINNIE</b>		b. (Middle) <b>LACINA</b>		c. (Last) <b>MILLER</b>	
4. DATE OF DEATH		(Month) <b>May</b>		(Day) <b>20</b>		(Year) <b>1957</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Aug 1, 1886</b>		9. AGE (In years last birthday) <b>70</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Employee lunch room</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Auction Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Knox County</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Joe Rhoades</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Ritz</b>		14. NAME OF HUSBAND OR WIFE <b>T. R. Miller</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>486-38-5301</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. T. R. Miller</b>		ADDRESS <b>Edina, Mo</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Burn</b>  ANTECEDENT CAUSES DUE TO (b) <b>Burn</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>9160</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>16</b>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Edina Knox Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Clothes caught fire.</b>			
22. I hereby certify that I attended the deceased from <b>5:30</b> , 1957, to <b>5:40</b> , 1957, that I last saw the deceased alive on <b>5:20</b> , 1957, and that death occurred at <b>3:40</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>C. C. Gibson</b>		23b. ADDRESS <b>Edina Mo</b>		23c. DATE SIGNED <b>5-21-57</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>22 May '57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Prairie</b>		24d. LOCATION (City, town, or county) (State) <b>South of Plevna, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>May 22</b>		REGISTRAR'S SIGNATURE <b>Helele A. Bunolt</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>A. J. Rimer Edina, Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by ~~me~~ or by A. S. Grimmer, Student Embalmer No. 544  
working under my personal supervision..

Student A. S. Grimmer  
Signature of Student Embalmer

Signed Mrs. J. W. Hudson  
Licensed Embalmer No. 297

P. O. Address Edina, Minn.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.